CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

FPPC Form 700 (2005/2006) FPPC Toll-Free Helpline: 866/ASK-FPPC

City Clerk City of Lod

Please type or print in ink

☐ Candidate

A Public Document

NAME (LAST)	(FIRST)	(WIDDEF)	DAYTIME TELEPHONE NUMBER			
Beckman	John	R.	(209) 235-7831			
MAILING ADDRESS STREET May use business address)	The state of the s	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS			
221 W. Pine Street	Lodi	CA 95240	(209) 333-6807			
1. Office, Agency, or Court		4. Schedule Summary				
Name of Office, Agency, or Court:		Total number of pages				
Lodi City Council		including this cover page:				
Division, Board, District, If app	olicable:	Check applicable schedules or "No reportable interests."				
Your Position:		I have disclosed interests on one or more of the attached schedules:				
City Council Member If filing for multiple position	ons, list additional agency(les)/	Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)				
position(s): (Attach a sep Agency: Redevelopment Agency:	l l	Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)				
Position: Member		Schedule B Yes	- schedule attached			
2. Jurisdiction of Office	e (Check at least one box)	Schedule C Yes Income, Loans, & Busine and Travel Payments)	- schedule attached ess Positions (Income Other then Gifts			
☐ State			- schedule attached			
(a) may a manage and a manage a		Schedule E Tyes	- schedule attached			
Other			-or-			
		No reportable inter	ests on any schedule			
3. Type of Statement	(Check at least one box)	and the final state of the contraction of the contr				
☐ Assuming Office/Initial	Date:	5. Verification	garigina permunyan di Birik Aggelara samun kantali di Maria Permunua kantan dan pengunukan dan dalam pengunukan dan dan pengunukan			
Annual: The period cover through December 31, 20	red is January 1, 2005, 005. F-	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any				
O The period covered is December 31, 2005.	, through	attached schedules is the	ue and complete. perjury under the laws of the State			
Leaving Office Date Left:		of California that the for	regoing is true and correct.			
O The period covered is the date of leaving office	ce.	Date Signed 3	(month, day, year)			
₩:	r- /, through ce.	Signature Afric the original	ally signed statement with your filing official.)			

SCHEDULE C Income, Loans & Business Positions

(Other than Gifts and Travel Payments)

CALIF	ORN	IA FC	PМ	7	Λ	
FAIR FO				OMMI	Sid	
Name			iposwyłowają	KORTHOKAGAGA	98,529,000	NAME OF TAXABLE PARTY.
	***************************************	THE PERSON NAMED IN	*****	***************************************		-

1. INCOME RECEIVED	> 1, INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
BIA OF THE DELTA ADDRESS 509 W. WEBER AVE #410	C:+Y OF 200;
ADDRESS	ADDRESS
509 W. WEGER AVE #4/0	221 W. Pine ST
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
STOCKTON CA 95203	LOD: CA 45240
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
D. RECTOR OF GOV'T AFFAIRS	Courcil Member
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S590 - \$1,000 S1,001 - \$10,000	\$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's income Loan repayment	Salary Spouse's income Loan repayment
Sale of (Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission of Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	Other (Describe)
(Describe)	(Lescince)
You are not required to report loans from commercial lendiretail installment or credit card transaction, made in the lendiretail members of the public without regard to your official status regular course of business must be disclosed as follows:	nder's regular course of business on terms available to
NAME OF LENDER	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS	Company of the Compan
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property Street address
HIGHEST BALANCE DURING REPORTING PERIOD	आख्दा अववाक्ष्य
S500 - \$1,000	$\frac{1}{2} \left(\frac{1}{2} \left$
S1,001 - \$10,000	,
\$10,001 \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)